10/15/2009 10:53

Image# 29992929831

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2009 09 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 10 15 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/33

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Council of Life Insurers Political Action Committee D D <sup>®</sup>D 0 1 09 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 58032.39 January 1 (b) Cash on Hand at 59332.59 Begining of Reporting Period ..... 17649.24 255450.67 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 76981.83 313483.06 6(a) and 6(c) for Column B) ..... 267501.23 31000.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 45981.83 45981.83 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

	U	v	U	-	-	U	-	U	U
						0.	.00		

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 33

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From: 0 9 M

D D 0 1

2009

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<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8895.52	66074.42
	(ii) Unitemized	1253.72	28876.25
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	10149.24	94950.67
(	b) Political Party Committees	0.00	0.00
	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	7500.00	160500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17649.24	255450.67
	Fransfers From Affiliated/Other	0.00	0.00
3. /	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(	b) Levin Funds (from Schedule H5)	0.00	0.00
(	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	17649.24	255450.67
	otal Federal Receipts subtract Line 18(c) from Line 19)	17649.24	255450.67

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/33

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	24000.00	256801.23
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
(8	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	7000.00	10700.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31000.00	267501.23
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	31000.00	267501.23

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 33

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
from Line 11(d), page 3)	17649.24	255450.67
44. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans)     (subtract Line 34 from Line 33)	17649.24	255450.67
26. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 33 (check only one)    X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. Rick D. Riley			Date of Receipt
	Mailing Address 5602 Painted Valley I	Drive		09 08 7 2009
	City Austin	State TX	Zip Code 78759-5526	Transaction ID: 31383846  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70733-3320	3000.00
	Name of Employer CICA Life Insurance Compa- ny of America	Occupation Chr of the	on ne Bd, President & CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date  3000.00	
– В.	Full Name (Last, First, Middle Initial) Sidney L. Harp, II	<u> </u>		Date of Receipt
	Mailing Address P.O. Box 1383			09 16 2009
	City Donaldsonville	State LA	Zip Code 70346-1383	Transaction ID: 31572174
	FEC ID number of contributing federal political committee.	C	70340-1383	Amount of Each Receipt this Period 500.00
	Name of Employer CICA Life Insurance Compa- ny of America	- t	sident, Home Service Marke	eting
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora			Date of Receipt
	Mailing Address 866 Crestgate Circle			09 15 2009
	City	State	Zip Code	Transaction ID: 31590117
	Orlanda  FEC ID number of contributing federal political committee.	FL C	32819	Amount of Each Receipt this Period  20.00
	Name of Employer Hannover Life Reassurance Company of A		Chief Actuary	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 340.00	
	SUBTOTAL of Receipts This Page (optional)			3520.00
卜	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 33 (check only one)    X
C C	ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action	Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. David K. Ficca			Date of Receipt
	Mailing Address 4116 Aspen Street			09 23 2009
	City Chevy Chase	State MD	Zip Code	Transaction ID: 31704439
	FEC ID number of contributing federal political committee.	C	20815-5059	Amount of Each Receipt this Period  300.00
	Name of Employer Baltimore Life Insurance Company	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Michael R. Hopkins			Date of Receipt
	Mailing Address P.O. Box 149151			09 30 2009
	City	State	Zip Code	Transaction ID: 31731294
	Austin	TX	78714-9151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer CICA Life Insurance Compa- ny of America		ervices Manager	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora			Date of Receipt
	Mailing Address 866 Crestgate Circle			M M / D D / Y Y Y Y Y O O O
	City	State	Zip Code	Transaction ID: 31766529
	Orlanda	FL	32819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hannover Life Reassurance Company of A		hief Actuary	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	9-30-09 Hannover Re Payro-
	SUBTOTAL of Receipts This Page (optional).			620.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	21.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one)    X
(	Any information copied from such Reports and sor for commercial purposes, other than using the	e name and ad	y not be sold or used by any persor dress of any political committee to s	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
Δ.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		09 30 2009
	City	State	Zip Code	Transaction ID: PR1120489717700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer American Council of Life Insurers	Occupation Senior C		1
	Receipt For:	_	e Year-to-Date ▼	
	Primary General Other (specify) ▼		864.00	P/R Deduction (\$48.00 Sem- i-Monthly)
– 3.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		09 / 30 / 2009
	City	State	Zip Code	Transaction ID: PR1156427117700
	Washington FEC ID number of contributing	DC	20001-2133	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupatio CFO	n	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$50.00 Sem- i-Monthly)
_ C.	Full Name (Last, First, Middle Initial) Mr. Craig D. Simms			Date of Receipt
	Mailing Address 31 Quail Hollow Drive			09 30 2009
	City	State	Zip Code	Transaction ID: PR1503559917700
	Southington	СТ	06489-1617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.00
	Name of Employer VantisLife Insurance Comp- any	Occupation Senior V	n ice President, Sales & Market	i
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		228.00	P/R Deduction (\$12.00 Bi- Weekly)
Γ		1		220.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 33 (check only one)    X   11a
\	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)			
	Mr. Peter L. Tedone  Mailing Address 32 Lincoln			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Weatogue	State CT	Zip Code 06089-9780	Transaction ID: PR1503560117700  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00003-9700	62.00
	Name of Employer VantisLife Insurance Company	Occupation President	n t & Chief Executive Officer	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 589.00	P/R Deduction (\$31.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave 101 Constitution Ave			09 / 30 / 2009
	City Washington	State DC	Zip Code	Transaction ID: PR1550105917700
	FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period  348.96
	Name of Employer American Council of Life Insurers	Occupation	n e Vice President	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 3140.64	P/R Deduction (\$174.48 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	e, NW		09 30 2009
	City	State	Zip Code	Transaction ID: PR1554864817700
	Washington FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period  100.00
	Name of Employer American Council of Life Insurers	Occupation Counsel		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	)		510.96

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
(	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may name and add	y not be sold or used by any persor dress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politics  American Council of Life Insurers Pol	tical Action (	Committee	
۷.	Full Name (Last, First, Middle Initial) Ms. Gail Steinberg			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		09 30 2009
	City	State	Zip Code	Transaction ID: PR1565786717700
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Council of Life Insurers	Occupatio Director,	n Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$20.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas	1		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		09 / 30 / 2009
	City	State	Zip Code	<b>Transaction ID:</b> PR1647849717700
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life	Occupatio		
	Insurers Receipt For:	1 '	Taxes & Retirement Security  • Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	360.00	P/R Deduction (\$20.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	1		Date of Receipt
	Mailing Address 101 Constitution Avenuation Suite 700 West	ue, NW		09 / 30 / Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> PR771358217700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		291.66
	Name of Employer American Council of Life Insurers	Occupatio Executive	n e Vice Pres & General Couns	e
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		2624.94	P/R Deduction (\$145.83 Semi-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		371.66

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one)    X
Any information copied from or for commercial purposes	n such Reports and Statements m , other than using the name and a	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE  American Council of	E (In Full) Life Insurers Political Action	n Committee	
Full Name (Last, First, M. Ms. Linda H. Cunninghan	1		Date of Receipt
Suite	Constitution Avenue, NW 2700 West		09 / 30 / 2009
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771362417700  Amount of Each Receipt this Period
FEC ID number of contri federal political committee	ibuting	200012100	101.66
Name of Employer American Council of Lif Insurers	Vice Pr	resident, Conference Developr	ment
Receipt For:  Primary  Other (specify) ▼	General Aggrega	ate Year-to-Date ▼ 914.95	P/R Deduction (\$50.83 Semi-Monthly)
Full Name (Last, First, Mr. Michael J. Bartholome	ew .		Date of Receipt
	Constitution Avenue, NW 2700 West		09 / 30 / 2009
City Washington	State DC	Zip Code	Transaction ID: PR771362817700
FEC ID number of contr federal political committee	ibuting	20001-2133	Amount of Each Receipt this Period  100.00
Name of Employer American Council of Lift Insurers	Occupat Senior	tion Counsel	
Receipt For:	General	ate Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Semi-Monthly)
Full Name (Last, First, M	/liddle Initial)		Date of Receipt
Mailing Address 101	Constitution Ave, NW e 700 West		09 30 2009
City	State DC	Zip Code	<b>Transaction ID:</b> PR771365417700
Washington FEC ID number of contrelederal political committee	ibuting	20001-2133	Amount of Each Receipt this Period  60.00
Name of Employer American Council of Lif Insurers	Vice Pr	resident, Media Relations	
Receipt For:  Primary  Other (specify) ▼	General	ate Year-to-Date ▼ 540.00	P/R Deduction (\$30.00 Sem- i-Monthly)
SURTOTAL of Receipts 7	his Page (optional)		261.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	ne name and add	ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
/			
Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		09 / 30 / 4 9 9
City	State	Zip Code	Transaction ID: PR771369017700
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		54.60
Name of Employer American Council of Life Insurers	Occupation VP, Legis	lative & Regulatory Informat	ti
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		491.40	P/R Deduction (\$27.30 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		09 30 7 2009
City	State	Zip Code	Transaction ID: PR771373217700
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		261.46
Name of Employer American Council of Life Insurers	Occupation Senior Vi	ce President, State Relations	s
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2353.13	P/R Deduction (\$130.73 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		09 / 30 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR771373517700
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		48.96
Name of Employer American Council of Life Insurers	Occupation Sr. Vice F	r President, Public Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		440.64	P/R Deduction (\$24.48 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional)		······	365.02

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one)    X   11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	ical Action (	Committee	
۱.	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ıe, NW		09 30 2009
	City	State	Zip Code	Transaction ID: PR771374017700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		132.34
	Name of Employer American Council of Life Insurers	Occupation Senior C		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1191.05	P/R Deduction (\$66.17 Sem- i-Monthly)
- 3.	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West			09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771374317700
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  30.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	270.00	P/R Deduction (\$15.00 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West			09 30 7 2009
	City	State	Zip Code	Transaction ID: PR771376017700
	Washington FEC ID number of contributing	C	20001-2133	Amount of Each Receipt this Period  60.00
	Name of Employer American Council of Life	Occupatio	n sident, Research	
	Insurers Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 540.00	P/R Deduction (\$30.00 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)			222.34

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 33 (check only one)  X 11a 11b 11c 12 15 16			
uny information copied from such Reports and reformercial purposes, other than using t	d Statements may the name and add	not be sold or used by any person lress of any political committee to s	for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
American Council of Life Insurers Po	olitical Action C	Committee				
Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt			
Mailing Address 101 Constitution Ave Suite 700 West	enue, NW		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: PR771376817700			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		47.30			
Name of Employer American Council of Life Insurers	Occupation Regional	Vice President				
Receipt For:		Year-to-Date ▼	1			
Primary General Other (specify) ▼		425.70	P/R Deduction (\$23.65 Sem- i-Monthly)			
Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt			
Mailing Address 101 Constitution Ave Suite 700	e, NW		09 30 Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: PR771377117700			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		200.00			
Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio	1			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	1 1	1800.00	P/R Deduction (\$100.00 Semi-Monthly)			
Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt			
Mailing Address 101 Constitution Ave Suite 700 West	enue, NW		09 30 7 2009			
City	State	Zip Code	Transaction ID: PR771395117700			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		515.62			
Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice President, Federal Rela	a a			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		4312.55	P/R Deduction (\$257.81 Semi-Monthly)			
SUBTOTAL of Receipts This Page (optional)			762.92			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action (	Committee	
	Full Name (Last, First, Middle Initial) Mr. Morris Goff Mailing Address 101 Constitution Aven	. NDA/		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, invv		09 30 2009
	City	State	Zip Code	Transaction ID: PR771419317700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		177.26
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Federal Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1435.78	P/R Deduction (\$88.63 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			09 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: PR771419717700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers	Occupatio Presiden		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		3749.94	P/R Deduction (\$208.33 Semi-Monthly)
-	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	· 		09 30 7 2009
	City	State	Zip Code	Transaction ID: PR771419917700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C	ounsel	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Deduction (#50.00.0
	Other (specify)		900.00	P/R Deduction (\$50.00 Sem- i-Monthly)
ſ	SUBTOTAL of Receipts This Page (optional) .	1	_	693.92

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Statamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771420017700  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001 2100	30.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify) ▼	+	e Assistant e Year-to-Date ▼  270.00	P/R Deduction (\$15.00 Sem-i-Monthly)
_ В.	Full Name (Last, First, Middle Initial) Ms. Debra K. West Mailing Address 101 Constitution Aver	nue, NW		Date of Receipt  0 9 3 0 2 0 0 9
	Suite 700 West City	State	Zip Code	Transaction ID: PR771421017700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  General  Other (specify) ▼	_ '	ounsel & Director, Southern e Year-to-Date ▼ 900.00	Re P/R Deduction (\$50.00 Sem-i-Monthly)
_ C.	Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky	NIA/		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			09 30 7 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771421117700  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001 2100	40.00
	Name of Employer American Council of Life Insurers		General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional) .	1		170.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	ical Action (	Committee	
۷.	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700 West	1W		09 30 2009
	City	State	Zip Code	Transaction ID: PR771422917700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		64.88
	Name of Employer American Council of Life Insurers	Occupatio PAC Dire		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	583.92	P/R Deduction (\$32.44 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700			09 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: PR771423217700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Council of Life Insurers		e General Counsel, Litigatior	n
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D 1 1/2 / (0.40 00 0
	Other (specify)		720.00	P/R Deduction (\$40.00 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700			09 / 30 / 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771428717700
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  121.76
	Name of Employer American Council of Life Insurers  Occupation Senior Legislative Director			
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1095.83	P/R Deduction (\$60.88 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)			266.64

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements magne name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
		NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political Action Committee				
Α.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt		
	Mailing Address 101 Constitution Ave. Suite 700 West	09 30 2009				
	City	State	Zip Code	Transaction ID: PR771428817700		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		131.04		
	Name of Employer American Council of Life Insurers	Occupatio Senior V	n ice President, Federal Relati	0		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1179.38	P/R Deduction (\$65.52 Sem- i-Monthly)		
- В.	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt		
	Mailing Address 101 Constitution Ave. Suite 700	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	<b>Transaction ID:</b> PR771428917700		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		222.42		
	Name of Employer American Council of Life	Occupatio Sr. Vice	n President and Corp Sec.			
	Insurers Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1815.71	P/R Deduction (\$111.21 Semi-Monthly)		
- C.	Full Name (Last, First, Middle Initial) Alane R. Dent			Date of Receipt		
	Mailing Address 101 Constitution Ave. Suite 700	, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	<b>Transaction ID:</b> PR771444317700		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		58.34		
	Name of Employer American Council of Life Insurers	<del>-, '</del>	sident, Federal Relations			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	3 P/P P 1 11 12 12 12 12 12 12 12 12 12 12 12 1		
	Other (specify)		525.05	P/R Deduction (\$29.17 Sem- i-Monthly)		
Γ	SUBTOTAL of Receipts This Page (optional)			411.80		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one)    X   11a
(	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action	Committee	
	Full Name (Last, First, Middle Initial) T. Scott Dixon	<b>.</b>		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	09 30 2009		
	City	State	Zip Code	Transaction ID: PR771444917700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	Occupation Controlle		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$20.00 Semi- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk			Date of Receipt
	Mailing Address 101 Constitution Avenue NW Suite 700			09 / 30 / 4 9 9
	City	State DC	Zip Code	Transaction ID: PR771445817700
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 31.26
	Name of Employer American Council of Life Insurers Receipt For:	<del></del>	n Research e Year-to-Date ▼	
	Primary General Other (specify) ▼	33.53	281.33	P/R Deduction (\$15.63 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mrs. Courtney English			Date of Receipt
	Mailing Address 101 Consitution Avenual Suite 700	ue NW		09 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771449417700
	Washington FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period  36.26
	Name of Employer American Council of Life Insurers	Occupation Director,	n Grassroots	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 326.33	P/R Deduction (\$18.13 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		107.52

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700		09 / 30 / 4 9 9	
	City	State	Zip Code	Transaction ID: PR771449617700
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 50.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  Other (specify) ▼		n ice President e Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Sem-i-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. John K. Bruins	0 0	0 0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700	09 30 7 2009		
	City	State	Zip Code	Transaction ID: PR771450117700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.50
	Name of Employer American Council of Life Insurers	Occupation Senior A		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 256.50	P/R Deduction (\$14.25 Sem-i-Monthly)
. –	Full Name (Last, First, Middle Initial) Mrs Monica M Hainer	1		Date of Receipt
	Mailing Address 130 Wentworth Drive			09 / 30 / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR798114417700
	Lansdale	PA	19446-1671	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		77.16
	Name of Employer London Life Reinsurance Company	Occupation Presiden	t & CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.06	P/R Deduction (\$38.58 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	1		155.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politics  American Council Of Counci	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	٧W		09 / 30 / 2009
	City	State	Zip Code	Transaction ID: PR805149117700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		185.42
	Name of Employer American Council of Life Insurers	Occupation Vice Pre	on esident, Federal Relations	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1538.99	P/R Deduction (\$92.71 Sem- i-Monthly)
В.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700	ue, NW		09 / 30 / 4 2009
	City	State	Zip Code	Transaction ID: PR904819517700
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers	Occupation Counsel	on , Insurance Regulation	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		450.00	P/R Deduction (\$25.00 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional)	•	235.42
TOTAL This Period (last page this line number only)	<b>•</b>	8895.52

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/33 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) CC Services INC Country PAC			Date of Receipt
	Mailing Address 1705 Towanda Avenue			09 / 08 / 2009
	City	State	Zip Code	Transaction ID: 31383847
	Bloomington	IL	61701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0390971	5000.00
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Phoenix Companies PAC			Date of Receipt
	Mailing Address One American Row			09 23 7 2009
	City	State	Zip Code	Transaction ID: 31704485
	Hartford	CT	06115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0168203	2500.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	

		7500.00
SUBTOTAL of Receipts This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	<b>•</b>	7500.00

SCHEDULE B (FEC Form 3	Use separate schedule(s)		E NUMBER: PAGE 23/33			
ITEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	(check on 21b 27	22 23 28a 28b	24 25 2 28c X 29 3		
Any Information copied from such Reports a or for commercial purposes, other than using						
NAME OF COMMITTEE (In Full)  American Council of Life Insurers						
Full Name (Last, First, Middle Initial) Holland for Oklahoma  Mailing Address P.O. Box 89077	-		Date of Disburs	D: 31385813 sement 0 9		
City Oklahoma City	State Zip Code OK 73189		Amount of Eac	h Disbursement this Period		
Purpose of Disbursement Kim Holland, INSURANCE COMMISS.	OK	011		1000.00		
Candidate Name Ms. Kim Holland		Category/ Type				
Office Sought:  House Senate President State:  District:	Disbursement For: 2010  X Primary General Other (specify)		Kim Holland, MMISS. OK	INSURANCE CO-		
Full Name (Last, First, Middle Initial) Texans for Rick Perry			Date of Disburs	D: 31385814 sement 0 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PMB 217	Mailing Address PMB 217 P.O. Box 2013					
City Austin	State Zip Code TX 78768-2013		Amount of Eac	h Disbursement this Period		
Purpose of Disbursement Rick Perry, GOVERNOR TX		011		1000.00		
Candidate Name Mr. Rick Perry		Category/ Type				
Office Sought: House Senate President State: District:	Disbursement For: 2010  X Primary General  Other (specify)	71	Rick Perry, G	OVERNOR TX		
Full Name (Last, First, Middle Initial) Coalition to Elect Larry Taylor			Date of Disburs			
Mailing Address P.O. Box 1208			09 / 0	09 7 2009		
City Friendswood	State Zip Code TX 77549		Amount of Eac	h Disbursement this Period		
Purpose of Disbursement Larry Taylor, STATE HOUSE 24th TX		011		500.00		
Candidate Name Larry Taylor		Category/ Type				
Office Sought: X House Senate President	Disbursement For: 2010  X Primary General Other (specify)	. 140	Larry Taylor, 24th TX	STATE HOUSE		
State: TX District: 24						

SCILLOCLE B (I LC I OIIII 3X)	Use separate schedule(s	(check or	E NUMBER: PAGE 24 / 33
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Politic	al Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 31385822
Craig Eiland for Representative			Date of Disbursement  0 9 0 9 2 0 0 9
Mailing Address 2423 Market Street Suite 1			
City Galveston	State Zip Code TX 77550		Amount of Each Disbursement this Perio
Purpose of Disbursement Craig Eiland, STATE HOUSE 23rd TX		011	500.00
Candidate Name		011 Category/	
Craig Eiland  Office Sought: X House Disbu	rsement For: 2010  X Primary General	Туре	Craig Eiland, STATE HOUSE 23rd TX
President State: TX District: 23	Other (specify)		2310 17
Full Name (Last, First, Middle Initial)			Transaction ID: 01005004
Texans for Joe Straus			Transaction ID: 31385864 Date of Disbursement
Mailing Address 4040 Broadway #504			$\begin{bmatrix} 0 & 9 & M & 7 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0$
City San Antonio	State Zip Code TX 78209		Amount of Each Disbursement this Perio
Purpose of Disbursement Joe Straus, STATE HOUSE 121st TX		011	1000.00
Candidate Name TX Rep. Joe Straus, III		Category/ Type	
Office Sought: X House Disbu Senate President	rsement For: 2010  X Primary General  Other (specify)	1 "	Joe Straus, STATE HOUSE 121st TX
State: TX District: 21			
Full Name (Last, First, Middle Initial) Kelly Hancock Campaign			Transaction ID: 31385866 Date of Disbursement
Mailing Address P.O. Box 821349			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City North Richland Hil	State Zip Code TX 76182		Amount of Each Disbursement this Perio
Purpose of Disbursement Kelly Hancock, STATE HOUSE 91st TX		011	500.00
Candidate Name TX Rep. Kelly Hancock		Category/ Type	
	x Primary General Other (specify)	1 .,,,,	Kelly Hancock, STATE HOUSE 91st TX
State. 17. District. 31			2000
SUBTOTAL of Disbursements This Page (option	d)		2000.00

,		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 33 (check only one)
	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 23 24 25 27 28a 28b 28c X 29
			d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee
$\rangle$	American Council of Life Insurers Po	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Kip Averitt Campaign Committee		Transaction ID: 31385867 Date of Disbursement
	Mailing Address P.O. Box 20683		$ \begin{array}{c c}  & M & M \\ \hline 0 & 9 \\ \end{array} $ $ \begin{array}{c c}  & 2 & 0 & 0 & 9 \\ \hline \end{array} $
	City Waco	State Zip Code TX 76702	Amount of Each Disbursement this Per
	Purpose of Disbursement Kip Averitt, STATE SENATE 22nd TX		011
	Candidate Name Kip Averitt		Category/ Type
	X Senate President	Disbursement For: 2010  X Primary General  Other (specify)	Kip Averitt, STATE SENATE 22nd TX
	State: TX District: Full Name (Last, First, Middle Initial)		T
	Friends for Lewis Moore		Transaction ID: 31586824  Date of Disbursement
	Mailing Address P.O. Box 250		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Arcadia	State Zip Code OK 73007-0250	
	Purpose of Disbursement Lewis Moore, STATE HOUSE 96th OK		011
	Candidate Name OK Rep. Lewis Moore		Category/ Type
	Senate President	Disbursement For: 2010  X Primary General  Other (specify)	Lewis Moore, STATE HOUSE 96th OK
	State: OK District: 96  Full Name (Last, First, Middle Initial)  Friends of Kris Steele		Transaction ID: 31586898 Date of Disbursement
	Mailing Address 1211 Cambridge D	Drive	09
	City Shawnee	State Zip Code OK 74804	Amount of Each Disbursement this Per
	Purpose of Disbursement Kris Steele, STATE HOUSE 26th OK		750.00
	Candidate Name OK Rep. Kris Steele		Category/ Type
	Office Sought:  X House Senate President State: OK District: 26	Disbursement For: 2010  X Primary General  Other (specify)	Kris Steele, STATE HOUSE 26th OK
	<b>I</b>		

В.

District:

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S	CHEDULE B (FEC Form 3X)	Use separate schedule(		NUMBER: PAGE 26/33
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck onl	y one)  22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the nam			
$\rangle$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action Committee		
	Full Name (Last, First, Middle Initial) Cliff Aldridge for Senate			Transaction ID: 31586920 Date of Disbursement  0 9
	Mailing Address P.O. Box 10946			09 22 2009
	City Midwest City	State Zip Code OK 73140		Amount of Each Disbursement this Period
	Purpose of Disbursement Cliff Aldridge, STATE SENATE 42nd OK		011	500.00
	Candidate Name OK Sen. Cliff Aldridge		Category/ Type	
	X Senate X President	ement For: 2010 Primary General Other (specify)	I	Cliff Aldridge, STATE SEN- ATE 42nd OK
	State: OK District:  Full Name (Last, First, Middle Initial)			Transaction ID. 01507055
	Burrage for Senate			Transaction ID: 31587055 Date of Disbursement
	Mailing Address P.O. Box 309			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Claremore	State Zip Code OK 74018		Amount of Each Disbursement this Period
	Purpose of Disbursement Sean Burrage, STATE SENATE 2nd OK		011	500.00
	Candidate Name OK Sen. Sean Burrage		Category/ Type	
		ement For: 2010 Primary General Other (specify)	l	Sean Burrage, STATE SENATE 2nd OK

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	7000.00

State: OK

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check on	E NUMBER: PAGE 27/33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politic			
Full Name (Last, First, Middle Initial) Minnick for Congress			Transaction ID: 31585659 Date of Disbursement
Mailing Address 8150 West Emerald St Suite 170	reet		$ \begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 2 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
City Boise	State Zip Code ID 83704		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Mr. Walter C. Minnick		Category/ Type	
Senate President	sement For: 2010  X Primary General Other (specify)		
State: ID District: 01  Full Name (Last, First, Middle Initial)			Transaction ID: 31585664
Wyden for Senate			Date of Disbursement
Mailing Address 122 C Street, NW Suite 505			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & 0 & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2000.00
Candidate Name Ron Wyden		Category/ Type	
X Senate President	sement For: 2010  X Primary General  Other (specify)	1 7,	
State: OR District: Full Name (Last, First, Middle Initial)			Transaction ID: 31585677
Friends of Schumer			Date of Disbursement
Mailing Address 426 C Street, SE Attn: Tonya Fulkerson			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & D & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & 0 & 9 \end{bmatrix} $
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Charles Schumer		Category/ Type	
X Senate President	sement For: 2010 Primary X General Other (specify) ▼	1 "	
State: NY District:			
SUBTOTAL of Disbursements This Page (optiona			4000.00

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 28/33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politic			
Full Name (Last, First, Middle Initial) Enzi For U.S. Senate			Transaction ID: 31585680 Date of Disbursement
Mailing Address P.O. Box 2775			$\begin{array}{c c} & & & \\ & & & \\ \hline \end{array} \begin{array}{c} & & \\ & & \\ \end{array} \begin{array}{c} & \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}$
City Cody	State Zip Code WY 82414		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Sen. Michael Enzi		Category/ Type	
X Senate President	sement For: 2014  X Primary General  Other (specify)		
State: WY District: Full Name (Last, First, Middle Initial)			04505000
Richard E. Neal for Congress Committee			Transaction ID: 31585682 Date of Disbursement
Mailing Address P.O. Box 15906			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Chevy Chase	State Zip Code MD 20825		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Richard Neal		Category/ Type	
Senate President	sement For: 2010  X Primary General  Other (specify)		
State: MA District: 02  Full Name (Last, First, Middle Initial)			Transaction ID. 01505004
South Dakota First PAC			Transaction ID: 31585684 Date of Disbursement
Mailing Address 122 Maryland Ave, NE			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} D & 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & 0 & 0 & 9 \end{bmatrix} $
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name South Dakota First PAC		Category/ Type	
	sement For: Primary General Other (specify)	. 75~	
State: District:	<u>.</u>		
			4500.00

	CHEDULE B (FEC FOIII 3X	Use separate schedule(s	)		neck only	NUMBE v one)				AGL	29 / 3	53
	EMIZED DISBURSEMENTS	Detailed Summary Page		À	21b 27	22 28a	2	3 8b	24 280		25 29	
	/ Information copied from such Reports and or commercial purposes, other than using the											
$\setminus$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	<u> </u>										
	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress					Date	of Disk	ourse				
	Mailing Address 104 Hume Ave					0 9	M /	<sup>D</sup> 2	2 /	Ý Ž	0 0 9	Y
	City Alexandria	State Zip Code VA 22301				Amou	nt of E	ach I	Disburs	emen	t this P	erioc
	Purpose of Disbursement			01	1				-	10	00.00	_
	Candidate Name Lynn Jenkins			ateg Typ	-							
	Senate President	sbursement For: 2010  X Primary General Other (specify)	•									
	State: KS District: 02 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	3158	5688		
	Friends of Roy Blunt					Date of	of Disk		ment			Υ
	Mailing Address 209 Pennsylvania	Ave, SE				0 9		2	2	2	0 0 9	
	City Washington	State Zip Code DC 20003				Amou	nt of E	ach I	Disburs			-
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	Candidate Name Roy Blunt			ateg Typ	-							
	Office Sought:    House   D    X   Senate     President	sbursement For: 2010  X Primary General Other (specify)	•									
	State: MO District: Full Name (Last, First, Middle Initial)					Trans	action	ı ID:	3158	5694		
	Chris Lee For Congress					Date	of Disk		ment			Υ
	Mailing Address PO Box 15395					0 9					0 Ď 9	
	City Rochester	State Zip Code NY 14615				Amou	nt of E	ach I	Disburs			-
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	Candidate Name Mr. Christopher Lee			ateg Typ								
	Senate President	sbursement For: 2010  X Primary General Other (specify)	•									
	State: NY District: 26											

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 30 / 33
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22   X   23   24   25   28a   28b   28c   29   3
	y Information copied from such Reports and State			d by any person f	for the purpose of soliciting contributions
or	or commercial purposes, other than using the nar	ne and addre	ess of any political	committee to so	licit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politica	I Action Co	ommittee		
	Full Name (Last, First, Middle Initial)  Neugebauer Congressional Committee				Transaction ID: 31585696 Date of Disbursement
	Mailing Address 217 Third Street				$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}9^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}2^D\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\bullet9^Y\end{smallmatrix}$
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Robert Neugebauer			Category/ Type	
	Senate 2	sement For: X Primary Other (spe	2010 General		
	State: TX District: 19				
	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert				Transaction ID: 31585709 Date of Disbursement
	Mailing Address P. O. Box 53322				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ Z & O & Q & Y \end{smallmatrix} \end{bmatrix}$
	City Bellevue	State WA	Zip Code 98015		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. David Reichert			Category/ Type	
		sement For: X Primary	2010 General		
	President	Other (spe	ecify) 🔻		
	State: WA District: 08		ecify) 🔻		
	President		ecify) 🔻		Transaction ID: 31585730 Date of Disbursement
	State: WA District: 08  Full Name (Last, First, Middle Initial)	Other (spe	ecify) ▼		
	State: WA District: 08  Full Name (Last, First, Middle Initial) Blumenauer For Congress	Other (spe	Zip Code 97232		Date of Disbursement  M 9 M / D 2 D / Y Y O Y 9  Amount of Each Disbursement this Period
	State: WA District: 08  Full Name (Last, First, Middle Initial) Blumenauer For Congress  Mailing Address 830 NE Holladay, # 105  City Portland Purpose of Disbursement	Other (spe	Zip Code	011	Date of Disbursement  O 9
	State: WA District: 08  Full Name (Last, First, Middle Initial) Blumenauer For Congress  Mailing Address 830 NE Holladay, # 105  City Portland  Purpose of Disbursement  Candidate Name Rep. Earl Blumenauer	Other (spe	Zip Code 97232	011 Category/ Type	Date of Disbursement  M 9 M / D 2 D / Y Y O O 9  Amount of Each Disbursement this Period
	President State: WA District: 08  Full Name (Last, First, Middle Initial) Blumenauer For Congress  Mailing Address 830 NE Holladay, # 105  City Portland Purpose of Disbursement  Candidate Name Rep. Earl Blumenauer  Office Sought: X House Senate President	Other (spe	Zip Code 97232 2010 General	Category/	Date of Disbursement  M 9 M / D 2 D / Y Y O Y 9  Amount of Each Disbursement this Period
_	President State: WA District: 08  Full Name (Last, First, Middle Initial) Blumenauer For Congress  Mailing Address 830 NE Holladay, # 105  City Portland Purpose of Disbursement  Candidate Name Rep. Earl Blumenauer  Office Sought: X House Disbursement	Other (specific of the control of th	Zip Code 97232 2010 General	Category/	Date of Disbursement  M 9 M / D 2 D / Y 2 0 0 9 Y  Amount of Each Disbursement this Period

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	y Information copied from such Reports and Sta for commercial purposes, other than using the n												
$\mathbb{N}$	NAME OF COMMITTEE (In Full)												
$\mathbb{Z}$	American Council of Life Insurers Politic	al Action Committee											
	Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon					Trans			_		762		
	Mailing Address 122 C Street, SW Suite 505						М		2 2	/ Y	ž	o ŏ 9	Y
	City Washington	State Zip Code DC 20001				Amou	ınt o	f Each	n Disk	ourse	ment	this P	eriod
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	Debt Retirement-2008 General Election  Candidate Name  Mr. Jeffrey Merkley				gory/								
	Office Sought:  House  X Senate  President	rsement For: 2008 Primary X General Other (specify)		Тур	Je	Debt ral Ele			ent-2	800	Gen	e-	
	State: OR District: Gen Full Name (Last, First, Middle Initial)	eral Debt 2008									050		
ı	Friends Of Sherrod Brown					Trans Date		sburs	emer			V *	V
	Mailing Address PO Box 76187 Suite 800					0 9	IVI	2	2 2	Ĺ	2	o ŏ 9	
	City Washington	State Zip Code DC 20013				Amou	int o	f Each	n Disk	ourse	-	this P	eriod
	Purpose of Disbursement			01	1	L.	-				100	00.00	
	Candidate Name Sen. Sherrod Brown		1	ateg Typ	gory/ be								
	X Senate President	rsement For: 2012  X Primary General  Other (specify) ▼	•										
	State: OH District:  Full Name (Last, First, Middle Initial)					Trans	o o ti	on ID	. 21	1506	404		
i	Brad Miller For United States Congress					Date		sburs	emer			* V *	V
	Mailing Address P.O. Box 10322					0 9	IVI .	2	22	Ĺ	2	o ŏ 9	
	City Raleigh	State Zip Code NC 27605				Amou	int o	f Each	n Disk	ourse	ment	this P	eriod
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	Candidate Name Rep. Bradley Miller			ateg Typ	gory/ be								
	Senate President	rsement For: 2010  X Primary General Other (specify) ▼				Checl paign		t rec	eived	d by	cam	ı <b>-</b>	
_	State: NC District: 13												
						1							

TEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page  Any Information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to sol  NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial)  Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code NC 27605  Purpose of Disbursement Reissue of check # 7375  Candidate Name Rep. Bradley Miller  Office Sought: X House Disbursement For: 2010  Senate President State: NC District: 13  Full Name (Last, First, Middle Initial)  Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code Under (specify) ▼  Category/ Type  Office Sought: X House Disbursement For: 2010  City State Zip Code Under State	22 X 23 24 25 28 28a 28b 28c 29 or the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of any political committee to sol  NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Raleigh NC 27605  Purpose of Disbursement Reissue of check # 7375 Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Disbursement For: 2010 Category/ Type  Office Sought: X House Disbursement For: 2010 Category/ Type  Office Sought: X House Disbursement For: 2010 Primary X General	Transaction ID: 31586502 Date of Disbursement  M 9 M / D 2 D / Y Y Y O Y 9  Amount of Each Disbursement this Perio
American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code NC 27605  Purpose of Disbursement Reissue of check # 7375  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Disbursement For: 2010  Category/ Type  Office Sought: X House Disbursement For: 2010  Category/ Type  Office Sought: X House Disbursement For: 2010  Category/ Type  Office Sought: X House Disbursement For: 2010  Category/ Type  Office Sought: X House Disbursement For: 2010  Category/ Type	Date of Disbursement  M 9 M / 2 2 / Y Y Y O Y 9  Amount of Each Disbursement this Perio
Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Raleigh NC 27605  Purpose of Disbursement Reissue of check # 7375  Candidate Name Rep. Bradley Miller  Office Sought: X House Disbursement For: 2010  Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Milling Address Senate DC 2010  City State Zip Code DC 20005  Purpose of Disbursement  Office Sought: X House Disbursement For: 2010  Senate Primary X General	Date of Disbursement  M 9 M / 2 2 / Y Y Y O Y 9  Amount of Each Disbursement this Perio
City Raleigh NC 27605  Purpose of Disbursement Reissue of check # 7375  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  X House Disbursement For: 2010  State Zip Code DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  X House Disbursement For: 2010  City State Zip Code DC 20005  Purpose of Disbursement  O111  Category/ Type  Office Sought: X House Disbursement For: 2010  Primary X General	Amount of Each Disbursement this Perio
Raleigh NC 27605  Purpose of Disbursement Reissue of check # 7375  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  NC 27605  Other (specify) ▼  State Zip Code DC 20005  Purpose of Disbursement  Other (specify) ▼  Other (specify) ▼  Category/ Type  Office Sought: X House Disbursement For: 2010  State Zip Code DC 20005  Purpose of Disbursement State Zip Code DC 20005  Purpose of Disbursement Paul Kanjorski Disbursement For: 2010  Office Sought: X House Senate Primary X General	
Reissue of check # 7375  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225 I Street, NW Suite 900  City Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Senate Disbursement For: 2010  Category/ Type  Office Sought: X House Senate Disbursement For: 2010  Category/ Type	1000.00
Rep. Bradley Miller  Office Sought:	
Senate President State: NC District: 13  Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225 I Street, NW Suite 900  City State Vashington DC DC State Vashington Purpose of Disbursement  Candidate Name Paul Kanjorski  Other (specify)  State Zip Code DC 20005  Purpose of Disbursement  Category/ Type  Office Sought:  X Primary Other (specify)  Type	
Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski  Mailing Address 1225   Street, NW Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Disbursement For: 2010 Senate Primary X General	Reissue of check # 7375
Mailing Address 1225 I Street, NW Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Senate Disbursement For: 2010 Senate Primary X General	Transaction ID: 31586797
Suite 900  City State Zip Code Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Senate Disbursement For: 2010 Senate Primary X General	Date of Disbursement
Washington DC 20005  Purpose of Disbursement  Candidate Name Paul Kanjorski  Office Sought: X House Senate Disbursement For: 2010 Senate Primary X General	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Q & O & O \end{smallmatrix} \end{bmatrix} \  \                 $
Candidate Name Paul Kanjorski  Office Sought: X House Disbursement For: 2010 Senate Primary X General	Amount of Each Disbursement this Perio
Candidate Name Paul Kanjorski  Office Sought: X House Disbursement For: 2010 Senate Primary X General	1000.00
Senate Primary X General	
President Other (specify) ▼ State: PA District: 11	
Full Name (Last, First, Middle Initial)	Transaction ID: 31720102
Rob Portman for US Senate	Date of Disbursement
Mailing Address 900 19th Street, NW 8th Floor	09
City State Zip Code Washington DC 20006	Amount of Each Disbursement this Period
Purpose of Disbursement	2500.00
Candidate Name Mr. Rob Portman  O11  Category/ Type	
Office Sought: House Disbursement For: 2010  X Senate President Other (specify) ▼  Office Sought: House X Primary General Other (specify) ▼	
State: OH District:	
SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X)	USE SEDALATE SCHEUUIE(S)	E NUMBER: PAGE 33 / 33
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  (check or 21b 27	nly one)  22
Any Information copied from such Reports and State	ments may not be sold or used by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ne and address of any political committee to s	olicit contributions from such committee
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politica	l Action Committee	
Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling		Transaction ID: 31720103 Date of Disbursement
Mailing Address PO Box 820504		$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix}  \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Dallas	State Zip Code TX 75382	Amount of Each Disbursement this Perioc
Purpose of Disbursement	011	1000.00
Candidate Name Jeb Hensarling	Category/ Type	
Senate President	sement For: 2010  K Primary General  Other (specify)	
State: TX District: 05  Full Name (Last, First, Middle Initial)		
Moore for Congress		Transaction ID: 31720105 Date of Disbursement
Mailing Address PO Box 14631		$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 9 \\ 2 & 9 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 & 0 \\ 2 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Shawnee Mission	State Zip Code KS 66285	Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00
Candidate Name Dennis Moore	Category/ Type	
	sement For: 2010  K Primary General  Other (specify)	
State: KS District: 03		
Full Name (Last, First, Middle Initial) Garrett for Congress		Transaction ID: 31720106 Date of Disbursement
Mailing Address 400 N. Capitol Street, N Suite 585	IW,	$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
City Washington	State Zip Code DC 20001	Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00
Candidate Name Scott Garrett	Category/ Type	
Senate President	sement For: 2010  C Primary General  Other (specify)	
State: NJ District: 05		
SUBTOTAL of Disbursements This Page (optional	) <b>.</b>	3000.00